

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/592983</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
4		2		1									
5		①		1									
6		①		1									
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TOTAL IND.	1	↓	2	↓	0	↓							
TOTAL DEP.	9	←	18	←	0	←							
TOTAL CLAIMS	10		20		0								
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TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	0	←	0	←	0	←							
TOTAL CLAIMS	0		0		0								

PTO - 1360 (REV. 04/2007)

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